

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County Frank

Registration District No. 318

File No. 14798

Township Franklin

Primary Registration District No. 311

Registered No. 311

City Franklin

(No. Franklin)

St. 1

Ward

2. FULL NAME

(a) Residence. No. 458 1/2 Campbell St. Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. da.

How long in U.S., if of foreign birth? 1 yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF

Sarah Matthews

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Aug. 12 1897

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or mins.

37

9

6

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

MO.

10. NAME OF FATHER

John Cole

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

MO.

12. MAIDEN NAME OF MOTHER

Theresa Martin

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

MO.

14.

INFORMANT

(Address)

Mrs O. W. Cole
458 1/2 Campbell

15.

FILED

5/19 27

Ol. Horst

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

5-17 1927

17.

I HEREBY CERTIFY, That I attended deceased from

5-15-1927 to 5-17-1927

that I last saw him alive on 5-15-1927

death occurred, on the date stated above, at 11:45 m.

THE CAUSE OF DEATH* was AS FOLLOWS:

Valvular Leak -
900
32 H
132 F

CONTRIBUTORY (SECONDARY)

Bright's

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

19. DID AN OPERATION PRECEDE DEATH?

DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

Asst. M. D.

To

Franklin MO.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

20. UNDERTAKER

ADDRESS

Hollywood
St. Louis

5/19-1927
Franklin MO.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

